



## Facsimile Cover Sheet

To: Examiner K. L. Peng  
Company: USPTO  
Phone: 703 306 5550  
Fax: 703 872 9694

From: Helen McKay  
Company: PPG Industries, Inc.  
Phone: 412 434 3797  
Fax: (412) 434-4292

Date: 11/15/2002

Total # of pages, including cover: 6

**OFFICIAL**

### COPIES

Please deliver to Examiner Kuo Liang Peng, Group Art Unit 1712.

Thank you.

Helen R. McKay  
for Carol A Marmo, Esq.

If this facsimile is not clear, or incomplete, please call (412) 434-2926.

**THIS TRANSMITTAL IS CONFIDENTIAL AND IS INTENDED ONLY FOR THE ADDRESSEE. IF YOU ARE NOT THE ADDRESSEE, ANY DISCLOSURE OR USE OF THIS INFORMATION BY YOU IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS FACSIMILE IN ERROR, PLEASE NOTIFY US BY TELEPHONE IMMEDIATELY.**

631 - Rev. 4-93

Serial No. C9-690,595 Case No. 15-56117 By CAW1 Filed Oct 17, 2001

In re Application of MICHAEL J. CIRCARAFONI et al.

Title OPTICAL RESIN COMPOSITION

The stamp of the Patent Office herein, may be taken as acknowledging the receipt  
on the date stamped, of the following:

# OFFICIAL

- Affidavit
- Amendment
- Application Papers
- Assignment/Form PTO 1595
- Brief
- Communication
- Letter of Transmittal REQUEST  
IDS/Form 1449 FOR CONTINUATION EXAMINATION (RUE)
- Motion
- Notice of Appeal
- Oath
- Petition
- Abstract of Disclosure
- Power of Attorney
- Declaration
- Preliminary Statement
- Request for Filing Application under 37 CFR 1.60
- PCT Request/Fee Sheet
- ..... Sheet(s) of Drawings
- ..... Pages of Specification
- ..... Claims
- Applicable Fees \$ 1660
- Charge Dep. Acct. 16-2025
- EXP. MAIL. E1.183499384.US

Applicable Fees \$ 1660  
Charge Dep. Acct. 16-2025  
EXP. MAIL F.V. 183449384 U.S

ORIGIN (POSTAL USE ONLY)		DAY OR DAYTIME	FEW RETAIL ENVELOPES
PO ZIP Code <b>15222</b>	<input checked="" type="checkbox"/> <b>Next</b>	<input type="checkbox"/> <b>Second</b>	<input type="checkbox"/>
Date In <b>4-25-04</b>	<input checked="" type="checkbox"/> <b>12 noon</b>	<input type="checkbox"/> <b>3 PM</b>	<input type="checkbox"/> <b>Prestige</b>
Mo. Day Year	<input type="checkbox"/> <b>Military</b>	<input type="checkbox"/> <b>1st class</b>	<input type="checkbox"/> <b>Return Receipt Fee</b>
Time In <b>1632 PM</b>	<input type="checkbox"/> <b>2nd class</b>	<input type="checkbox"/> <b>3rd class</b>	<input type="checkbox"/> <b>Insurance Fee</b>
AM			
Weight <b>.35 OZ</b>	IN 14804 County Code <b>5T</b>	COD Fee <b>\$ 13.65</b>	Insurance Fee
No Delivery <input checked="" type="checkbox"/> <b>Handled</b>	Acceptance Client Initials <b>JK</b>	Total Postage & Fees <b>\$ 13.65</b>	
CUSTOMER USE ONLY			
METHOD OF PAYMENT: Express Mail Customer Acct No. <b>111-1234567890</b>			
FROM: (PLEASE PRINT)		PHONE # <b>(1) 214-3456</b> 3797	
<b>R. CECIL A. MARTINEZ, ESQ.</b>			
111-1234567890			
P.M. 2-7-2004-4:30 P.M.			



The logo consists of a stylized 'E' and 'X' forming a checkmark shape above the word "MAIL".

Post Office To Addressee

**Customer Copy**  
Label 11-F June 2002

DELIVERY (POSTAL USE ONLY)			
Delivery Attempt		Time	Employee Signature
Mo.	Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt		Time	Employee Signature
Mo.	Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Date		Time	Employee Signature
Mo.	Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Comments (Check No. or Postal Service Ref. No.)			
TO: PLEASE PRINT		PHONE: [ ]	
<p style="text-align: center;">Assistant Commissioner for Patents</p> <p style="text-align: center;">BOX RCE</p> <p style="text-align: center;">Washington, DC 20231</p>			